

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011555

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1815

STATE FILE NUMBER

FILED APR 4 1963

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>80 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>512 WOODLAND AVENUE</u> <u>WOODLAND NURSING HOME</u>		d. STREET ADDRESS (If outside, give location) <u>1009 EAST 32nd TERRACE</u>	
3. NAME OF DECEASED (Type or print) First <u>LAURA</u> Middle <u>CONNELL</u> Last <u>CONNELL</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>19th</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-15-1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRUIT & PRODUCE</u> <u>TRADE NEWSPAPER</u>	
11. BIRTHPLACE (City and state or country) <u>SCRANTON, PA.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel Connell</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KELLY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>9</u>	
17. INFORMANT <u>MRS. DANIEL THOMPSON</u>		Address <u>KANSAS CITY, MO. 605 E. 120th ST.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> <u>Coronary Thrombosis</u> <u>Arterio Sclerosis</u> DUE TO (b) DUE TO (c)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:45</u> a.m. p.m. Month, Day, Year <u>2-12-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY</u> COUNTY <u>MISSOURI</u> STATE <u>MISSOURI</u>	
21. I attended the deceased from <u>2-12-63</u> to <u>3-19-63</u> and last saw her alive on <u>3-7-63</u> Death occurred at <u>645 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ada B. Pader M.D.</u> (Degree or title)		22b. ADDRESS <u>13414 Locust St</u> <u>Kansas City 45, Mo.</u>	
22c. DATE SIGNED <u>3-20-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MARCH 22, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. ST. MARY'S CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>KANSAS CITY</u>		23e. STATE <u>MISSOURI</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCAMER'S SONS - KANSAS CITY MO.</u>		25. DATE RECD. BY LOCAL REG. <u>3-21-63</u>	
26. REGISTRAR'S SIGNATURE <u>P. With Long</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Ada B. Pader

USE BLACK INK
OR
TYPEWRITER RIBBON

Mr. Ada B. Rader
Maurice City, Mo.
after 1 PM.
4/18/24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John W. Hanson

Licensed Embalmer No. 4889

P. O. Address

Lathrop, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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